

~~101774517~~

CLAIMS AS FILED - PART I

FOR	NUMBER FRED	NUMBER ERICA
BASIC FEE <input checked="" type="checkbox"/> CFR 1.10(d)(1)		
TOTAL CLAIMS <input checked="" type="checkbox"/> CFR 1.10(d)(1)	minus 20 +	
INDEPENDENT CLAIMS <input checked="" type="checkbox"/> CFR 1.10(d)(1)	minus 3 +	
MULTIPLE DEPENDENT CLAIM PRESENT		(<input checked="" type="checkbox"/> CFR 1.10(d)(1))

* If the difference in column 1 is less than zero, enter '0' in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	III C/H & I/IVII	10	Minus	" 20 "
Independent	III C/H & I/IVII	1	Minus	" 3 "

SMALL ENTIT

on

**OTHER THAN
SMALL ENTITY**

RATE	FEES	RATE	FEES
11.....*	1.....	OR	1..
X 1.....*		OR	X 1.....*
X 1.....*		OR	X 1.....*
11.....*		OR	11.....*
TOTAL		OR	TOTAL

2/23/06 (Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (1) C.H. I & II	Minus	" 20 "	-
Independent (2) C.H. I & II	1	Minus	3	-

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NAME		ADDITIONAL FEE	
		RATE	
X 1	<u>25</u>	X 1	<u>50</u>
X 1	<u>100</u>	X 1	<u>200</u>
+ 1		+ 1	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER ANCHORING	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (17 CFR 1.16(c))		Minus	**	*
Independent (17 CFR 1.16(d))		Minus	***	;

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
X \$ ____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X 1 =	
X 1 =	
X 1 =	
TOTAL	ADDITIONAL FEE

		(Column 1)	(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER ALLEGATION	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT FIGURE		
		MINUS	MINUS	MINUS	MINUS
	Total Claims Remaining				
	Independent Claims Remaining				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
X \$ _____ =	
TOTAL	
ADDT'L FEE	

RATE	ADDITIONAL FEE
3.5	
3.5	
3.5	
TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write '1' in column 1.

If this 'Highest Number Previously Paid For' IN THIS SPACE is less than 20 enter 20.

**** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, enter '3'**

The Highest Number Previously Paid For (either or independent) is the highest number found in the appropriate bid record column.

This comment on an interview, as it is used in 37 CFR 1.16. The information is required to obtain or retain a benefit by the person which is to be had in the USPTO to process an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 hours to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEE 37 CFR 1.16.

It is now possible to complete the final test (cf. 1.8.2.2.1) (S.188, 223, 224, 225, 226).